

Request for closure of account form



Your contact details

Account number

Title First name

Surname

Telephone

Facsimile

Mobile

Address

City

State

Postcode

Email address

Business details If required

Business name

Trading as

ABN

Contact name

Vehicle and tag information

Please list the details of all the tags linked to the account being closed and return them with this form.

Tag number

A fee will be charged for each tag that is not returned. Visit linkt.com.au for current fees.

Refund

How would you like your refund, if any, to be issued?

Please note that a 30 day wait period is applicable for refund processing

directly deposited into your bank account as per the details listed on your Linkt account

credited to your credit card as per the details listed on your Linkt account

Authorisation for account closure

I am authorised to close the above listed account.

Surname of customer

Given names

Customer signature

Date

 / /

Once you have completed this form in full:
please email it to us at customerbris@linkt.com.au,
fax it to **1300 559 920**
or post it to **Linkt, Reply Paid 87288, VIRGINIA BC, QLD 4014.**

If you would like more information, you can visit linkt.com.au, email us at customerbris@linkt.com.au or call 13 33 31. For operating hours please visit our website.